Amenument

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Inform	lation	0	DECE	N/EIN	
a. Full Name			احطا کا الحا	1 V Peas Bard	c. ID Number
Pam Thompson	2H 4V43				
b. Mailing Address (inclu-	de City, State and Zip Code)	7.	OCT 28	d. Date Filed	
2384 Plank Rd					100/11
Robbins, NC 27325			MOORE	BOE	19/20/14
			1410010	3 EEE (EEE	e. Phone Number
·					910-948-3911
2. Report Year	3. Period Start Date (mm/d	ld/yy) 4. Period (mm/dd/yy	End Date:	5. Treasurer Full	Name
2014	2/11/2014	9/:	30/2014	Pam Thompson	
6. Type of Committe	e (Check One)	9. Type of Repor	rt (check on	ly one type of report	from one category)
Candidate Campaig	gn Party	Municipal	State/C		Referendum
PAC	Referendum	Organization	nal 🛛	Organizational	Organizational
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five d	lay	Quarterly	Pre-referendum
	(if applicable, check one)	Pre-primary		First	□ Final
"Booster Fund"		Pre-election		Second	Final Supplemental Final
Building Fund		Pre-runoff	IH	Third	Annual
		Semi-annual		Fourth	Special
		Mid Ye	ear	Semi-annual	
Other:		Year E	nd 🔲	Mid Year	10. Special Report Name
tion as the case of company at the sample of what is the	ALCO MAIN INC. AND THE STATE OF	Final		Year End	
8. Number of Fundra	isers this Report	Special Special		Final	* so still to si
	0		. 🗆	Special	7/1
11. Account Informa			11. Account	Information	
a. Financial Institution Fu	ill Name			titution Full Name	
First Bank		1			
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	I				
Operations					
	d. Period Begin Balance				d. Period Begin Balance
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CERTIFICATION					
I certify that the Com	nittee or Fund is in compli	iance with all appli	cable provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
I certify that the Comr the NC General Statut	es and that no funds are co	ommingled with pro	ohibited or other	non-disclosed funds	& 22D-22M of Chapter 163 of I further certify that this report
I certify that the Comment the NC General Statute is complete, true and complete.	es and that no funds are co correct and that I have been	ommingled with pro	ohibited or other	non-disclosed funds	I further certify that this report
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I certify that the Comment the NC General Statute is complete, true and complete.	ces and that no funds are co correct and that I have been son Printed Name of Signer	ommingled with pro	ohibited or other	non-disclosed funds. Elections. Lonp	I further certify that this report
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I certify that the Common the NC General Statut is complete, true and complete Pam Thomps FOR OFFICE USE ON	correct and that I have been son Printed Name of Signer NLY 10-28-14	ommingled with pro	State Board of Signature of Appoin	non-disclosed funds. Elections. Lonp	I further certify that this report Delivery Method Normal Mail Registered Mail
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Amendment

Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Pam Thompson **Organizational** Total this Start of Election Cycle: Total this January 1, 2014 Reporting Period Election Cycle Cash on Hand at Start \$ 0.00 Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) 1756.00 \$ 1756.00 **Contributions from Political Party Committees** 7) (CRO-1220) \$ \$ **Contributions from Other Political Committees** (CRO-1230) \$ Loan Proceeds (CRO-1410) Refunds/Reimbursements To the Committee (CRO-1240) \$ Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12) \$ 1756.00 \$ 1756.00 13) Disbursements 13a) Operating Expenditures (CRO-1310) 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ \$ 17) **In-Kind Contributions** (CRO-1510) \$ 1576.00 \$ 1576.00 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 1576.00 \$ 1576.00 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) \$ 180.00 180.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed By the Committee (CRO-1610) \$ 23) Debts and Obligations owed To the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2200) \$ \$ 28) Contributions to be Refunded (CRO-1215)

Amendment **Contributions from Individuals** Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used No 1. Committee Full Name (and Fund if applicable) 2. ID Number Pam Thompson 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pam Thompson Manager 2384 Plank Rd c. Employer's Name/Specific Field Robbins, NC 27325 Randolph Hospital e. Election Sum to Date 1576.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Filing Fee 2/11/14 \$ 47.00 Business cards 5/14/14 \$ 45.60 **Business** cards 5/20/14 71.74 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pam Thompson Manager 2384 Plank Rd c. Employer's Name/Specific Field Robbins, NC 27325 Randolph Hospital e. Election Sum to Date \$ 1576.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Business cards 7/9/14 \$ 61.08 Business cards 9/2/14 66.23 Static clings 9/10/14 299.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pam Thompson Manager 2384 Plank Rd c. Employer's Name/Specific Field Robbins, NC 27325 Randolph Hospital e. Election Sum to Date \$ 1576.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amour	nt
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AND COLUMN TO SERVICE			Yard signs	9/19/14	\$	550.51
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MICH CHAIT PILL **Contributions from Individuals** Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund If applicable) 2. ID Number Pam Thompson 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Pam Thompson Manager 2384 Plank Rd c. Employer's Name/Specific Field Robbins, NC 27325 Randolph Hospital e. Election Sum to Date 1576.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Business cards 9/25/14 \$ 89.61 \$ \Box a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) School Raymond Washington, SR Superintendent 16 McNish Rd c. Employer's Name/Specific Field Southern Pines, NC 28387 Retired e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount I check 9/15/14 \$ 50.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Donnell Davis Manager 5480 Weddington Rd c. Employer's Name/Specific Field Concord, NC 28027 United Way Concord, NC e. Election Sum to Date \$ 100.00 f. Prior g. Account Code

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

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Use this	s form to report ind	om Individuals dividual contributions of	over \$50 or contributions a	Pg <u>3</u> of under \$50 if form CF	of <u>3</u>	Amendment] No
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Pam The	ompson		,	<u> 20 September 1 January 1</u>	16 A T V = 10 pare	THE STATE OF THE PARTY OF	
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4 Sept 14	only this Page	the same of the sa		1			

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In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Pam Thompson		HAY		2. ID) Numl	ber
3. Contributor Information Add	≅wan way	We stage	The Last word that we replace	1 2 1 2 2 2 2 2 1 1	ve have ve	
a. Full Name, Mailing Address & Phone	Remove			NAMES OF STREET	MANAGE.	
(include city, state, & zip)	b. Lype		Contributor	c. Con	mments	
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	7			d. Eie.	ction Su	um to Date
		Otne	er Receipt Source	\$	1576	5.00
e. Description Candidate Filing fee			f. Date (mm/dd/yyy	yy)	g. Fai	ir Market Amount
Candidate Filing fee			2/11/14		\$	47.00
Campaign Business cards				'		47.00
		. 1	5/14/14	Į	\$	45.00
Campaign Business cards						
3. Contributor Information Add	and the second section of the second	া ব্যক্ত	5/20/14		\$	71.74
3. Contributor/Information Add R a. Full Name, Mailing Address & Phone	Remove		Managara 1960	位於等		
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Campaign yard signs		\rightarrow			ļ	
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4. Total only this Page 5. Total of ALL GRO-1510 Pages	(19) e 178			\$	1486.	i 39
5.: LOTAL OF ALL, CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		NEW WAY	APPENDING TO	\$	1576.	
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In-Kind Contributions		Do 2 of		Amendment Yes No.		
Use this form to report non-monetary contributions	, donations, goods or serv	icae providad to th	ne com	Yes Nomittee or fund.		
Ose CRO-1213 II In-Rind Contributions were or w	ill be refunded within 7 da	ıys.				
1. Committee Full Name (and Fund if applicable Pam Thompson	•)		2. 11) Number		
Tam Thompson						
3. Contributor Information Add	Remove		ing a Colores			
a. Full Name, Mailing Address & Phone	100 100 100 100 100 100 100 100 100 100	Contributor	c Co	mments		
(include city, state, & zip)		ividual				
Pam Thompson 2384 Plank Rd	⊠ Cat	ndidate				
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4. Total only this Page 5. Total of ALL CRO-1510 Pages			\$	89.61		
(This line must be on line 17 of Detailed Summary Page CRe	0-1100)		\$	1576.00		